

**City of Boston Rental Relief Fund
Tenant Funding Acceptance Letter**

Office of Housing Stability
43 Hawkins Boston, MA 02114

Expiration Date _____

Tenant Name _____

Landlord Name: _____

Rental Address _____

The Rental Relief Fund (RRF) Administering Agency intends to provide the following financial assistance on behalf of the above named Tenant. This assistance is being directly provided to the tenant due to landlord non-responsiveness and/or refusal of participation. The City of Boston is hereby indemnified against any and all past and future actions that may result from this payment to the above-referenced tenant.

Number of Bedrooms in the Unit _____

Monthly Rent Amount/

Fair Market Rent \$ _____

Arrears Owed \$ _____

Total Amount of Rental Assistance \$ _____ (up to twelve months of rental assistance or rental arrears not to exceed \$15,000)

Tenant Acknowledgements

- I certify that I am a tenant of the above referenced property (Participant Address).
- I certify that by accepting payments for rent in accordance with this letter,
 - I agree to use my best efforts to pay any rental arrears accrued at my current residence
 - I agree to notify the Office of Housing Stability if the landlord refuses to accept payment on my behalf.
 - I agree to use assistance to pay current and future rent for the months covered by this assistance
 - I agree to use assistance only to pay housing expenses for residence in the City of Boston
 - I agree to notify the Office of Housing Stability if I receive a notice to quit, my landlord initiates an eviction process, or if there are any other changes in my tenancy.
- I certify that I am not receiving any other private or public subsidy for rental assistance for the time period covered by this assistance
- If my tenancy is terminated prior to the period for which any monthly rental assistance payments were made, I agree to return the unused balance of said funds to the RRF Agency.
- I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

Tenant Signature

RRF Administering Agency Staff Signature

Tenant Name

RRF Administering Agency Staff Name & Title

Tenant Phone

Date Letter Signed: _____

Contact information for the Office of Housing Stability:
(Email) rrf@boston.gov
(Phone) 617-635-4200